



Never Stand Still

Faculty of Arts & Social Sciences

Social Policy Research Centre

Evaluation of *Services Our Way*

Report prepared for:

NSW Department of Family and Community Services,
Ageing, Disability and Homecare

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Contents

Executive Summary	1
1 Introduction	5
2 <i>Services Our Way</i> (Nowra)	6
2.1 Policy and service context	6
2.2 Local context	7
2.3 <i>Services Our Way</i>	9
3 Methodology.....	12
3.1 Overview.....	12
3.2 Fieldwork	13
3.3 Data analysis	15
4 Findings about <i>Services Our Way</i>.....	16
4.1 Impacts on quality of life	16
4.2 Capacity to self-manage and transition to other disability services	17
4.3 Capacity to expand the program.....	20
5 Implications for culturally appropriate services.....	34
5.1 Capacity to expand the program.....	34
5.2 Capacity to self-manage and transition into mainstream services	35
References	37
Appendix 1: Evaluation framework.....	39

List of tables

Table 1: Number of Aboriginal and Torres Strait Islander peoples with a core activity need for assistance by age and sex, Shoalhaven LGA, 2011	9
Table 2: Services Our Way clients by age and gender, 2013/14.....	11
Table 3: Planned evaluation samples.....	13
Table 4: Interview sample for wave 1 and wave 2 of the evaluation.....	13
Table 5: Examples of services and equipment purchased	22

List of figures

Figure 1: Example of a Person Centred Plan Part A	21
Figure 2: Example of a Person Centred Plan Part B	21
Figure 3: Program logic for <i>Services Our Way</i> (Nowra) evaluation	40

Abbreviations

ADHC	NSW Family and Community Services, Ageing, Disability and Homecare
ADN NSW	Aboriginal Disability Network NSW
COAG	Council of Australian Governments
FACS	NSW Family and Community Services
FPDNA	First Peoples Disability Network Australia
LGA	Local Government Area
NDIS	National Disability Insurance Scheme
SPRC	Social Policy Research Centre
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

Executive Summary

The NSW Department of Families and Community Services (FACS), Ageing, Disability and Home Care (ADHC) commissioned the Social Policy Research Centre (SPRC) at UNSW Australia (UNSW) to evaluate their *Services Our Way* program in Nowra. *Services Our Way* is a new service model designed to build the capacity of Aboriginal people¹ in order for them to have greater access to disability services and encourage self-directed support. This final report presents the overall findings of the evaluation of the *Services Our Way* program in Nowra. The key findings of this evaluation are summarised below.

Services Our Way has had positive impacts on people with disability and their families

- The program can celebrate the positive impacts it has had on people with disability and their families in the Nowra area in delivering much needed support. The services provided have addressed some of the priorities of the people with disability and their families and enabled them to make choices in their lives that meet their needs.
- *Services Our Way* facilitated access to a range of services. Services provided under the program to date have included referral to therapeutic/medical services, diagnostic services, equipment, respite, training and advocacy. The program has met some of the immediate priorities of the families. People with disability and families told stories about changes they had not been able to achieve before *Services Our Way*.
- *Services Our Way* staff demonstrated how government services can engage with members of the Aboriginal community using a culturally appropriate approach. This method could be shared with other staff and services, both government and non-government, to improve the appropriateness of service approaches to the priorities of the people with disability and their families.
- Access to support and services has enabled people with disability and families to participate in social, economic and cultural activities, such as school, and to strengthen and support their community and social relationships.

¹ The evaluation team recognises Aboriginal and Torres Strait Islanders are the Indigenous peoples of Australia. The use of the term Aboriginal in this document refers to both Aboriginal and Torres Strait Islander peoples for ease of read.

The research team did not have access to complete data about service use, outcomes and impact on people's life choices, which prevents general statements about the extent of benefit from the program.

Some families transitioned to mainstream services

The evaluation could not determine the degree to which families successfully transitioned to mainstream services.

- The goal that people and families used mainstream services was limited for most families during this developmental stage, because families' first priorities were to address their most urgent needs.
- Some families are engaging with other service providers. The *Services Our Way* team continues to support many of the families engaged in the program. There was an expectation that people with disability, and their families, could transition out of *Services Our Way*, and that during life stage changes some of them might choose to come back.
- The slower transition timeframe and returning to the program were not the expected trajectories in the program design, but reflect and address the current needs of the community, which might change in the future. People tend to stay longer in the program and return when their needs change, both of which have implications for resourcing and design.

The program could expand in multiple ways

The *Services Our Way* program in Nowra was a pilot, which developed its approach, management and response to questions and local needs during implementation. The program could be expanded in multiple ways.

- **The program could be expanded to more families in the existing area.** Referrals to the *Services Our Way* program have been predominantly word of mouth or through other services. The program could potentially engage with other families by building on the trust relationships in this method, and also continue to expand other strategies of engagement, such as information sessions, attending community events, developing allies in multiple communities, and providing written information in multiple forms, including case stories.
- **The program could extend the services provided to existing families.** A goal of *Services Our Way* was to engage Aboriginal families with disability into mainstream services and build on their capacity to manage their support with a view to transitioning towards the NDIS. To date the program has met the immediate priorities of families in the program and could be extended in the future to meet their long-term needs.

- **The program could build the capacity of other services.** More work is needed by the program to build the capacity of other services (e.g. schools) to support families in culturally appropriate ways and to encourage families to approach services that offer this support.
- **The program could be expanded geographically.** The success of the program rested on the strong local knowledge and relationships of the staff. Some staff felt it was difficult talking to families who knew of the program but could not access it as it is not currently state-wide. Expansion of the approach would require supportive employment of local staff.
- **The culturally appropriate engagement could be extended to other services.** Aspects of the success of the program were at the personal and social network levels, which could be extended to other services. The personal level factors included developing trust relationships with the people in the program; identifying and acting on their priorities first; and responding in a timeframe specific to the person. The social network level factors included using existing relationships; the investment of time in developing relationships; and finding and supporting advocates from the communities, families with disability and leaders who understood the needs of the families. The model of engagement used by *Services Our Way* could be extended to other ADHC and FACS services and mainstream services.
- **The types of services offered could be implemented by a third-party.** Implementation by other organisations other than ADHC could build on the strength of the approach if the organisation and staff have strong local knowledge and community relationships and strong links to ADHC staff and resources. Examples could include joint positions, secondments, and joint location.

If the program is expanded, the aims of the program must be clearly articulated and the operational structures identified, resourced and addressed.

In addition, this evaluation makes the following suggestions for improvement to the *Services Our Way* program:

Suggestion 1: *Services Our Way could establish and implement a communication and engagement strategy to inform Aboriginal and Torres Strait Islander people with disability and their family, and service providers in the Illawarra-Shoalhaven region about Services Our Way.*

Suggestion 2: *The experience of Services Our Way staff could be used to build the capacity of ADHC and other FACS delivered and mainstream services to*

provide their services in a culturally appropriate, responsive and accessible way.

Suggestion 3: *Staff could explore other ways to inform participants about how Services Our Way operates. This could include an educational path for participants to understand why they are receiving the package, and specifically develop the participants understanding of individual package arrangements.*

Suggestion 4: *Staff could review the methods for distributing information to participants about the start and finish dates of the program so that they are aware of planning for transition.*

Suggestion 5: *Services Our Way management could allocate adequate staffing to assist participants to recognise and plan for their transition phase, including referrals and personal introductions for case management for community support, for ADHC eligible clients and to other services, in the Illawarra-Shoalhaven region.*

Suggestion 6: *Services Our Way management could modify the model for purchasing services and equipment to one that encourages the capacity to self-manage, with support for financial management and navigating the disability sector.*

1 Introduction

The Social Policy Research Centre (SPRC) at UNSW Australia (UNSW) was commissioned by the NSW Department of Families and Community Services (FACS), Ageing, Disability and Home Care (ADHC) to conduct an evaluation of their *Services Our Way* program in Nowra. *Services Our Way* is a new service model designed to build the capacity of Aboriginal people² in order for them to have greater access to disability services and encourage self-directed support.

This report provides the findings of the evaluation and the implications for the program. The findings are grouped around the evaluation questions:

- Impacts on the quality of life for Aboriginal people with disability and their families
- Capacity to self-manage and transition to other disability services
- Capacity to expand the program.

Broadly, *Services Our Way* is a successful model in terms of the provision of a culturally appropriate service, which can provide support as well as purchase the required services and equipment in a timely way. It has had a positive impact on the quality of life for those people receiving *Services Our Way* individual support packages. The *Services Our Way* staff are to be commended for the thorough approach they have undertaken to establish this program, which has been warmly welcomed by Aboriginal people with disability, their families and advocates.

Some changes could be made to the *Services Our Way* model of service delivery in Nowra for purchasing of services and equipment. Minor changes to procedures to prioritise flexibility, timeliness and appropriateness for the person could increase the capacity of participants to self-manage their own services, both specialist and general services, in the wider community.

This report is structured as follows:

- Section 2 provides the policy and service context to *Services Our Way* Nowra, including the local context
- Section 3 describes the methodology used in the evaluation
- Section 4 presents the findings of the evaluation in accordance with the original evaluation questions
- Section 5 concludes the report with recommendations for possible improvements.

² The evaluation team recognises Aboriginal and Torres Strait Islanders are the Indigenous peoples of Australia. The use of the term Aboriginal in this document refers to both Aboriginal and Torres Strait Islander peoples for ease of read.

2 Services Our Way (Nowra)

2.1 Policy and service context

Australian states and territories are responsible for the provision of services to people with disability. Services are subject to federal legislation and national service standards. Funding is from federal and state governments. In 1998 the NSW Government announced new policy directions for disability services in NSW. The first phase, *Stronger Together: A New Direction for Disability Services in NSW 2006–2016* (ADHC 2006) established a 10-year-plan for disability services. This was followed by the second phase *Stronger Together 2: The second phase 2011–2016* (ADHC 2011b).

Both policies identified the need to improve outcomes for people with disability by delivering more person-centred planning, services and supports. The philosophy behind both *Stronger Together* and *Stronger Together 2* is a focus on increasing opportunities for people with disability to exercise more choice and control over their supports and funding arrangements. It also adopts the lifespan approach by developing long-term pathways through the service system. This includes early intervention and prevention strategies which improve the outcomes of people with disability, while reducing costs to the disability service system. Self-directed policies are suggested to promote greater individual control over the support people with disability may receive by allowing people with all types of disability to empower themselves (Hutchison et al. 2006; Leece 2010; Mahoney et al. 2007; Stainton & Boyce 2004; Stevens et al. 2011), and achieve articulated outcomes (Glendinning et al. 2008; Baxter et al. 2011; Leece 2010; Stainton 2002).

The principles underpinning self-directed support are consistent with principles of self-determination and empowerment for Indigenous peoples, including people with disability. These principles aim to maximise people's control over their lives and are consistent with the principles of autonomy, freedom to make one's own choices, and independence of people included in the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD).

The state policy developments go hand in hand with the federal policy context. In October 2011, at the Council of Australian Governments (COAG), all Ministers agreed to reform disability services in Australia through the launch of a National Disability Insurance Scheme starting mid-2013. It is intended to be universal by 2018 and replace state delivered services. The aim of the National Disability Insurance Scheme (NDIS) is to ensure better pathways to timely, flexible, affordable, quality care and support for people with disability.

In the same year (2011), COAG also released the 10-year National Disability Strategy (COAG 2011); the Strategy is aimed at developing a sustainable disability

support system which is person-centred and self-directed, and maximises opportunities for independence and participation in the economic, social and cultural life of the community.

Prior to these policy reforms, the NSW Ombudsman identified areas where ADHC's service delivery to Aboriginal people could be strengthened (NSW Ombudsman 2010), indicating that Aboriginal people are one and a half times more likely to have a disability than non-Aboriginal people (NSW Ombudsman 2010). The Commonwealth Steering Committee for the Review of Government Service Provision (Commonwealth of Australia 2005:3.6) also concluded that the proportion of the Indigenous population aged 15 years and over, reporting a disability or long-term health condition was 37 per cent (102,900 people; this measure of disability did not specifically include people with a psychological disability). They indicated the proportions were similar in remote and non-remote areas.

Despite Aboriginal and Torres Strait Islander people having higher rates of disability, their use of services is substantially lower. This is thought to be because services are often not culturally appropriate enough to be able to meet their specific needs, but also because the vast majority of Aboriginal people with disability do not self-identify as people with disability. This occurs for a range of reasons including the fact that in traditional language there is no comparable word for disability; also, many Aboriginal people with disability are reluctant to take on the label of disability, particularly if they may already experience discrimination based on their Aboriginality (First Peoples Disability Network Australia 2014).

At the *Services Our Way* site in Northern NSW, ADHC reported that 95 per cent of Aboriginal people with disability had not previously accessed disability services (ADHC personal correspondence). The Aboriginal Consultation Strategy (ADHC 2005a) and the Aboriginal Policy Framework (ADHC 2005b) aimed to provide a platform to develop strategies and programs for Aboriginal clients and communities that are culturally appropriate. The Aboriginal Cultural Inclusion Framework 2011–2015 (ADHC 2011a) has been developed since the introduction of the *Services Our Way* program and provides a new model of accountability for the delivery of programs and services to older Aboriginal people, Aboriginal people with disability, their carers and families.

2.2 Local context

2.2.1 Service use in the Shoalhaven LGA

Data from the Disability Minimum Data Set (MDS) for 2011–12 indicates that 109 people within the Shoalhaven Local Government Area (LGA) received disability services. Data from Home and Community Care (HACC) MDS 2011–12 shows that more than 150 people received HACC services (FACS 2013, pp 13, 18, Map 3).

2.2.2 Census estimates for people with a need for assistance within the Shoalhaven LGA

Estimates of the number of Aboriginal and Torres Strait Islander people with a need for assistance by age and gender are based on data from the 2011 ABS Census of Population and Housing (

Table 1). A number of very important caveats must be borne in mind when interpreting this data. For a range of reasons the Census data is likely to provide an undercount the Aboriginal and Torres Strait Islander population (ABS, 2013a). The estimate of the total number of Aboriginal and Torres Strait Islander peoples in Shoalhaven was 4,316 in the 2011 Census data (Tablebuilder), whereas the estimate for this area based on the ABS final estimates of Aboriginal Torres Strait Islander population, adjusted for the Post Enumeration Survey, was 5,287 (ABS 2013b, Table 1).

The Census is also likely to underestimate the number of people with disability due to both the definition of disability and the method of data collection through a self-completion form. The concept of disability, as defined in the Census, identifies 'those people needing help or assistance in one or more of the three core activity areas of self-care, mobility and communication, because of a disability, long-term health condition (lasting six months or more) or old age' (ABS 2011a). The definition of disability in the Census relates to the profound and severe core activity limitation classification in the 2012 Survey of Disability, Ageing and Carers (SDAC) (ABS 2011b, p.11). As noted by FACS, the method of data collection and definition of disability in the Census underestimates the rate of disability compared to the rate identified in the SDAC, where 21.1 per cent of the Aboriginal population in Australia in 2009 were estimated to have a disability (FACS 2013: 6). The analysis by FACS reports that the number of Aboriginal people identified with disability in NSW in the Census 2011 is 10,730, whereas this number could be nearer to 36,000, if the SDAC definition of disability is used and the estimate is based on the higher rate of disability applied to Census population counts (FACS 2013: 6).

A broader definition of disability, such as that outlined in the SDAC, would the numbers in

Table 1 are likely to be an underestimate of the number of people with disability in the Shoalhaven LGA. Due to the data being de-identified by the ABS, cells with small numbers may also be unreliable and caution should be used in interpreting the estimates.

Table 1: Number of Aboriginal and Torres Strait Islander peoples with a core activity need for assistance by age and sex, Shoalhaven LGA, 2011

Age	Male	Female	Total
0-9 years	27	13	40
10-19 years	27	17	44
20-29 years	8	9	17
30-39 years	6	9	15
40-49 years	15	25	40
50-59 years	30	19	49
Total	113	92	205

Source: ABS Census of Population and Housing, 2011, Tablebuilder, Author's calculations.

Notes: Cells with small numbers may be unreliable.

2.3 Services Our Way

The *Services Our Way* program implements the NSW *Stronger Together* program. *Services Our Way* is a 'Packaged support program that assists with Aboriginal people with disability and their carers to plan and prepare current and future living and care arrangements and supports' (ADHC 2012: 1). It does this through encouraging self-directed support, supporting the recommendations of the NSW Ombudsman report *Improving service delivery to Aboriginal People with a disability*, and implementing the *ADHC Aboriginal Consultation Strategy and Aboriginal Policy Framework* (ADHC 2005a; 2005b).

The program aims to work with Aboriginal people with disability and their carers to (ADHC 2012:1):

- Identify their priorities, goals and aspirations
- Determine what supports are needed for their physical, emotional and cultural wellbeing – now, and in the future
- Plan the supports, and
- Coordinate, acquire and manage the supports.

Services Our Way is guided by the following eight principles (ADHC 2012: 2):

- Family centred, incorporating all environmental impacts on an Aboriginal person with disability and their family
- Promotion of family resilience and the informal supports using strengths based practice
- Prevention and early intervention, enhancing eligibility to include a broader definition of disability
- Collaborative partnerships with key stakeholders, including an integrated focus on working with other human service agencies and each individual Aboriginal community allowing for inclusive approaches

- Work to promote and strengthen the effectiveness of informal supports for an Aboriginal person with disability and to achieve an inclusive approach
- Flexible practice that is responsive to individual needs, incorporating the development of comprehensive plans
- Culturally respectful and appropriate service delivery, recognising diversity and choice of each individual, family and Aboriginal community
- Cost effective programs with high quality positive outcomes for the person with disability.

The *Services Our Way* pilot program and evaluation is influenced by the following conceptual paradigms:

- The entitlements of people with disability and their families to community connections and social, economic and cultural participation
- The human rights of people with disability to ensure that their preferences and desires are central to the services they receive
- Decolonising research methodologies, which emphasise the importance of democratising the research process, respecting and learning from Indigenous ways of knowing, and the principles of reciprocity and shared ownership.

2.3.1 Services Our Way Nowra

Services Our Way was launched in Nowra, in the NSW Shoalhaven Local Government Area in 2010 under the NSW Stronger *Together*¹ program and has since been extended to other launch sites in NSW (Northern NSW, Mt. Druitt, Tamworth); the program was eventually intended to be implemented state-wide. Under the program, 180 packages were available. Ten packages were available in Nowra and, as at May 2013, have supported families of 46 people with disability.

The *Services Our Way* Nowra program is implemented by three local staff who have strong connections to the local community. The team operates the program on behalf of the Central ADHC team, and is located in and managed by the local FACS District.

According to data provided by ADHC for the 3rd quarter 2013-14, a total of 38 participants were in the *Services Our Way* program for the Illawarra Shoalhaven area at this time. The table below (Table 2) provides an outline of the profile of this group based on age and gender. There were 27 males and 11 females in the program, with the majority of participants in younger age groups. The clients included 10 males aged between 0-10 years, and 10 males and seven females aged between 10 and 19 years.

Table 2: Services Our Way clients by age and gender, 2013/14

	Male	Female
0-9 years	10	0
10 to 19 years	10	7
20 to 59 years	7	4
Total	27	11

Source: ADHC - *Services Our Way* program data, 3rd Quarter 2013/14

3 Methodology

3.1 Overview

The methodology for the evaluation of the *Services Our Way* program in Nowra was developed in consultation with ADHC policy and program staff, and with the local Aboriginal community (summarised in Appendix 1). An Advisory Group was established involving the local community to ensure that the evaluation was culturally appropriate.

The evaluation was conducted between November 2013 and June 2014. The evaluation included:

- Fieldwork: the researchers talked with people who have used or are using the scheme during two visits to Nowra in December 2013 and April 2014. Researchers also talked to community groups, stakeholders and staff involved in designing and implementing the program (May/June 2014).
- Data analysis: the researchers also looked at administrative and program data to establish how the program is being used by families, and how many other families could potentially access the program in the local community.

Ethics approval was granted by the Aboriginal Health & Medical Research Council (NSW) on 11 November 2013 (ref HREC 947/13).

3.1.1 Sampling

Recruitment occurred at arm's-length through ADHC. In order to explore the implications of *Services Our Way* across the population of people that have accessed the program, sampling for the interviews included a range of people with different characteristics such as: age, gender, disability type and level of support needs, and whether they have just accessed, exited or are a long-term user of the program. The sample was divided between the clients of the two case-workers to give a perspective across the whole program. Table 3 indicates the proposed sampling for the evaluation. Sampling was influenced by the availability of service providers and recipients of the *Services Our Way* support packages.

The original methodology included the provision of three case studies; however, this approach was abandoned for ethical reasons due to the small community involved in the program.

Table 3: Planned evaluation samples

Source	Sample
Program data	All families that have or are participating in <i>Services Our Way</i> in Nowra
Interviews – Aboriginal people with disability and their families who access <i>Services Our Way</i>	12 (two waves of interviews; 24 in total)
Interviews – service providers and Aboriginal community	5

3.2 Fieldwork

Interviews with families, ADHC staff and service providers were undertaken in two waves. The first wave of interviews (December 2013) targeted families; interviews were conducted in person with people with disability and family members in Nowra, either at the person's home or place of work. The second wave of interviews (April-June 2014) sought to re-interview some of the families targeted in the first wave, and to interview ADHC staff responsible for the development and implementation of the program, as well as other stakeholders (Table 4).

Table 4: Interview sample for wave 1 and wave 2 of the evaluation

Interviewee	Wave 1 (December 2013)	Wave 2 (April-June 2014)
Program participant (in person*)	9 families (1 to 6 people in each interview) 1 cancelled on the day 1 parent wasn't available during the week and asked for a phone interview	7
Program participant (by phone)	3 approached	0
ADHC staff (in person*)	3	3
ADHC staff (by phone)	0	6
Other stakeholders		2

Note: * Interviews were conducted in person with people with disability and family members in Nowra, either at the person's home or place of work

3.2.1 Location of interviews

Interviews were conducted face-to-face with families, and in person or by telephone with ADHC staff and other stakeholders. All interviews were recorded with consent from the participant. Participants were given choices about:

- When and where the interview occurred (in their home or another location, and the time of day)
- How they would like to be interviewed, and
- Who they would like to be present in the interviews (whether they would prefer someone else to be present, e.g. family member, friend, or with an Aboriginal Service Support Specialist; and who they would prefer to conduct the interview – a researcher (Aboriginal or not), an Aboriginal Service Support Specialist, or both).

3.2.2 How the interviews were conducted

Interviews with families focused on the use story-telling, and were informed by the program logic (please refer to Appendix 1, Figure 3). The interviews focused on gathering information on:

- Who they are
- How they entered the *Services Our Way* program:
 - how easy/hard was it,
 - what helped/didn't help them access the program
- What help was provided whilst they were part of this program
- What has happened since – are they still using any services (disability specific packages; mainstream services; culturally appropriate disability services; have they developed the capacity to self-advocate and self-manage their current or future support)
- Whether their lives and their families lives have changed as a result – social, economic and cultural participation; family and community connections
- Whether they feel in a better position to use services in the future (in terms of having better capacity).

The interviews gave participants the opportunity to provide a narrative about their experience managing their disability and the impact the *Services Our Way* program has had. In particular:

- How it has impacted on their quality of life, and
- Whether it has or will help them to self-manage their care and transition to other disability services in the future.

Interviews with staff and other stakeholders also sought information about how *Services Our Way* operates and the capacity to expand the *Services Our Way* program across the state.

3.3 Data analysis

Program data was used to provide a context for the evaluation including information on: demographics; needs, goals and achievements of people using the scheme; as well as how the *Services Our Way* packages have been spent (service use, cost).

For the purpose of this evaluation ADHC sought permission from all program participants to use data collected during their use of the program. A copy of this consent form was provided with the ethics application.

ADHC provided the research team with some de-identified data for the purposes of the evaluation. The data was analysed against the evaluation objectives and against other datasets available for the group of participants, such as number of Aboriginal people with disability in Nowra, by type. The data was used to triangulate feedback from the interviews with *Services Our Way* participants.

4 Findings about *Services Our Way*

Services Our Way has been delivered in a culturally appropriate manner which has been able to meet the needs of their clients. This section provides more detailed information on findings relating to the delivery of *Services Our Way* and in particular, the impact on the quality of life for Aboriginal people with disability and their families, their capacity to self-manage and transition to other services, and whether there is the capacity to expand the program.

4.1 Impacts on quality of life

The *Services Our Way* program can celebrate the positive impacts it has had in the lives of people with disability and their families in the Nowra area in organising support. The services provided have addressed the immediate priorities of the people with disability and their families and enabled them to make choices in their lives that meet their needs.

Services provided under the program to date have included referral to therapeutic/medical services, diagnostic services, equipment, respite, training and advocacy.

Access to support and services has enabled people with disability and families to participate in social, economic and cultural activities, such as school, and to strengthen and support their community and social relationships.

The interviews with the *Services Our Way* participants showed that their quality of life had improved. These improvements were varied amongst the participants we interviewed. It included:

- changes in behaviour
- less stress in the household
- greater calm in the family environment
- improved safety, and
- improvement in social and fine motor skills.

As one participant said:

Heaps better. Like I said, for all of us. We are more content. Definitely. We are more content. Probably don't stress as much. We are not as – the *Services Our Way* have been really good. If I could say something bad about them believe me I would. But I can't fault them.

As another participant said:

So that is really calmed So that's a big relief on both of us, not just me, and the other kids. You know, being a family it's hard to cope with everything.

4.2 Capacity to self-manage and transition to other disability services

Some families are engaging with other service providers. However, the *Services Our Way* team continues to support many of the families engaged in the program. This timeframe was not the expected trajectory of the program but reflects and addresses the needs of the community. This may change over time.

Participants in the *Services Our Way* had various successes in their capacity to self-manage and transition to other disability and mainstream services. As one participant said:

Myself, yeah, yeah. Because they ... showed me in a way what you have to do and what needs and stuff like that ... How to access, you know, the speech and this and that.

The transition to other disability services was facilitated with the distribution of a *Services Our Way* handbook of service providers in the Illawarra-Shoalhaven region. This booklet included contact details and other relevant information for services that participants could use.

However, there were mixed outcomes in capacity to self-manage, with some people unsure of where they should start or who to go to. This was influenced, in part, by the level of on-going support by *Services Our Way* staff (discussed below) and the *Services Our Way* model of purchasing services and equipment.

The families also raised concerns about moving to the NDIS. Some families were concerned about the limitations of the NDIS, about the time and effort required to manage any package, and about the amount of money in the package and how far it would go to meet their needs. The management problem was distracting one family from their ongoing caring role for their child with disability. The capacity to self-manage is particularly important when people move to the NDIS.

4.2.1 Transition from the program

Each *Services Our Way* package has a start and finish date. These are recorded in the plan. It was intended that families would have developed the capacity to manage their own care through mainstream disability services after they had completed the support within the program.

Once the plan is agreed to, each participant is given a copy of it. Despite this, not all participants we interviewed were able to indicate how long their package lasted, if they were still in *Services Our Way*, or if they had finished their package. For those who were unsure how much time they had left, or whether they were still receiving funding through the individual support package, referring back to a hard copy of the plan was able to clarify their status.

Possible reasons why participants were unable to tell if they were still on the package or had ceased include:

- The program was flexible about how it acted on the end date and transition to other disability care
- Communication about the start date and the exit strategy was not clear, or
- Communication of the start date and exit strategy was clear, but there was insufficient explanation to ensure that participants were able to remember or understand the implications.

Need for ongoing support from Services Our Way team

After leaving the program, some participants indicated that they still had on-going contact with *Services Our Way* staff. In some instances this included support from the staff such as attending meetings with other service providers and court appearances. Having on-going contact with *Services Our Way* staff:

- gave people the support that they still needed, and having the support meant that crucial issues could be remembered and raised in the context of those meetings
- provided a support person who knew the family and the home environment and was able to support the carer in their ongoing role
- gave carers the confidence to raise particular issues and have confidence articulating those feelings, and
- allowed participants to raise issues in formal meetings, which may have occurred some time ago, but are still on-going in the mind of the carers.

Having a support person meant that meetings between carers and services and (and their staff) could assist with building better relationships, and better outcomes for the people with disability and their carers. This includes the establishment of a risk assessment plan. As one participant said:

Yes, well, if I need a talk, [she] will always be there no matter what. Like if I'm in trouble, like, oh, this and that, she can guide me where to go get it now,

because I've got my agreement off them and stuff like that. But if I needed help they'd always be there to guide me.

Another participant said:

All of them are good. And not just that. Like, I was at my wit's end, go in and see them and that. And it wasn't just about [him/her]. They got me counselling and I was – me being so hard I don't need that. But when I actually went and sat with the counsellor and I started speaking, I just like cried. I was like relieved after it. So it was, it was good.

It appeared that once people had completed their individual support package, they still had a heavy reliance on the *Services Our Way* staff for additional support (e.g. at meetings, or making contact with other services). This has clear implications for the capacity of *Services Our Way* to meet current and future demand.

Some families needed ongoing support. Many of the families engaged with the *Services Our Way* program have children with autism. Their needs are likely to change and in all likelihood increase as they become teenagers. The continued contact with the *Services Our Way* team could suggest a shortage of culturally appropriate services in the area to refer them to, or reluctance from the families to shift away from *Services Our Way* support to alternative services.

Transition to mainstream services

It was difficult to determine from the limited data the degree to which families successfully transitioned to mainstream services.

- The goal of people and families to use mainstream services was limited for most families during this developmental stage, because families' first priorities were to address their most urgent needs.
- Some families are engaging with other service providers. The *Services Our Way* team continues to support many of the families engaged in the program. There was an expectation that people with disability, and their families, could transition out of *Services Our Way*, and that during life stage changes some of them might choose to come back.
- The slower transition timeframe and returning to the program were not the expected trajectories in the program design, but reflect and address the current needs of the community, which might change in the future.

If the program wants to determine successful transition to mainstream services, it would require more intensive follow up with participants and mainstream services to monitor whether this was achieved, such as seeking information from mainstream services in Nowra and the Illawarra Shoalhaven on the number of Aboriginal and/or Torres Strait Islander people using their services. It is not known whether existing

services are required to include mandatory data collection to identify the number of Aboriginal and Torres Strait Islander people using their services in government service contracts.

4.3 Capacity to expand the program

The *Services Our Way* program in Nowra was a pilot, which developed its approach, management and response to questions and local needs during implementation. The intended goal of people and families shifting to mainstream services was limited for most families during this developmental stage, because families' first priorities were to address their most urgent needs.

Overall participants were very positive about the delivery of *Services Our Way*. All participants praised the work of the *Services Our Way* staff and the way that the service was delivered. The delivery of services and equipment purchased through *Services Our Way* occurred in a timely and culturally appropriate manner. The recipients of support packages had diverse levels of understanding and knowledge about how the program operated, and what services were available to them once their support package finished. Additionally, while there are strong relationships between *Services Our Way* and some service providers in the Nowra and the wider Illawarra-Shoalhaven region, the referral pathways between them is unclear. There were also operational issues within the Department related to the purchasing of equipment and services. These are explored in further detail in the sections below.

4.3.1 Implementation of Services Our Way: facilitators and barriers

Guidelines for Services Our Way

There was confusion about what version of program guidelines should be used for *Services Our Way*. These high level guidelines set out the objectives for the program and differ in content. For example, the *draft* Version 3.0 (ADHC, 2013) of the guidelines are explicit in the objective that 'the program builds the capacity and self-resilience of Aboriginal people with a disability and their carers so to enable participation in the National Disability Insurance Scheme'.

The program objectives are dynamic and, by the very nature of being a pilot, the program has been rolled out with high level objectives, supported by general procedures that developed over time. After 18 months of the program operating, the District staff required the program to comply with ADHC guidelines that are applicable to all program expenditure. This includes what program money can be used for; for example, they may not be used for home modifications. The constraints of internal procedures meant that the program was not always able to meet the all needs of the families. The staff also felt pressure to get funds to families. These factors made it harder for the team to meet the objectives of the program.

Person Centred Plans

Services Our Way provides individual support packages for people with disability and their carers. When people start in the program, they work in collaboration with the Aboriginal Support Specialist staff to put together a Person Centred Plan (plan) which includes two documents. Plan Part A (Figure 1) outlines the goals of the person and the strategies, support, resources and a timeline for meeting the goals.

Figure 1: Example of a Person Centred Plan Part A

For:				
Date:				
Date or review:				
Who was present at my planning meeting:				
My story:				
What I want to happen (goals)	How to make that happen (strategies)	The support & resources I need	Who is going to help	When will this have happened

Plan Part B (Figure 2) includes specific information on the types of support and services, the financial costs, and the time-frame for achieving the goals.

Figure 2: Example of a Person Centred Plan Part B

The Plan for (Name):						
Proposed Personal Budget (for approval): \$						
Proposed Review Date: (no longer than six months)						
What I want to happen	The things to make that happen	Where I plan to get support from (formal and informal)	How would you like to use your personal budget to support this plan?		Time-frame	Tick if this is a current support
			On-going costs	One-off costs		

The Plan (Part A and Part B) is written up through a conversation with families about what they feel their needs are at that point in time. This Plan outlines what services and equipment they would like to purchase with their individual support package.

The evaluation team received a small sample of this paperwork. Most of the copies were filled out. There were, however, instances where not all information was included (e.g. proposed personal budget, and proposed review date). We did not ask the participants if we could view their copies of their plan (because it could have interfered in the storytelling method), so we are unable to seek feedback on whether their material lacks this information too.

Purchasing services and equipment

Under the *Services Our Way* program, staff were able to purchase services and equipment (Table 5) which have contributed to an improvement in the quality of life for the person with disability and their family. This has included:

- equipment and minor modifications which increased the safety and accessibility of peoples' homes
- a space for the person with disability to interact with others, and
- in-home and out of home respite for family members and their carers.

The impact *Services Our Way* has had on quality of life is discussed in further detail in Section 4.1.

Table 5: Examples of services and equipment purchased

Services	Equipment
Therapy (Speech, occupational therapy and physiotherapy)	Wheelchair both manual and powered
Psychiatry/counselling	Hoists and slings
Paediatric services/paediatrician	iPads for communication
Temporary accommodation (to ensure home renovations)	Household furniture (beds, kitchen table and chair)
House and garden modifications (larger bathrooms, widening doors, security fencing, levelling ground in yards)	Outdoor equipment (swing set, basketball hoop, cubby house, trampoline)
One-on-one support staff	
Programs (swimming, holiday)	
Diagnosis (private)	
Respite for the person with disability and / or their family (in home and out of home)	
Information and training e.g. providing access to courses for carers and managing a specific disability and the accommodation and transport which allowed people to attend courses (both in terms of attendance and in home care for the family).	

Delivery and purchasing in a timely manner

Purchasing of *Services Our Way* services and equipment was done in a timely manner by the *Services Our Way* team according to the participants. They expressed a sense of relief in the initial stages of the *Services Our Way* program that they were not subjected to long waiting times or asked to complete a lot of paperwork before they could see the outcome. As one participant said:

It is about the whole big thing, which is comforting to know you can get help like that. It is available and you can get it – not having to explain to everyone, not having to explain to four people who have to [be] sent that paperwork to that paperwork ...

Services Our Way staff did the purchasing of services and equipment. This approach to the delivery of individual support packages has implications for capacity building and development and is discussed in further detail in Section 4.2 above.

The *Services Our Way* model is consistent with the brokerage and service provider models under NDIS. Families did not have the opportunity to choose the other NDIS model, where they would have responsibility for managing the package and procuring their own equipment and services.

While the purchase of services and equipment by *Services Our Way* staff has been effective for most families, some examples of compromise were still evident. Examples included purchasing equipment that was different to what the family knew they needed and delays when it was purchased from a different provider.

Restrictions on expenditure

In *Services Our Way*, restrictions were placed on the on the type of expenditure and the maximum amount that could be spent. When the program first started operating, staff were able to make purchases over \$5,000. Expenditure was also flexible and the program was able to meet the needs of the families through assisting with purchasing services to allow home modifications, such as doors widened, accessible bathrooms, ramps for access and basic equipment. However, this type of expenditure was later excluded from services eligible for purchasing, to be consistent with other ADHC rules. Now, expenditure over \$5,000 is an ADHC capital asset. Staff said that under ADHC rules large expenditure is:

capital, it's a home improvement, you can't do it.... [it was not seen as] building the quality of someone's life.

The types of modifications concerned sometimes meant the difference between someone being able to participate in family life. Without such modifications, the program could not assist some people to live independently, because they continued to need formal carers to support them carry out daily activities that they could have done for themselves (e.g. shower). Expenditure on home modifications

ceased for a period, but have resumed through reallocating funds from the program to HACC who are permitted to spend funds on home improvements.

Services Our Way staff had started to refer these needs to other providers such as Scope, as an alternative way of meeting people's needs home modification needs. The disadvantage is the organisations are not resourced as well as *Services Our Way* so the assistance was slower. Modifications through Scope also required contributions from the family; however, where both parents cared for their child, this contribution was not always feasible. One member of staff said:

We've got Buckley's even trying to get Aboriginal people to even access a program let alone access a program and make a contribution towards it.

It was not clear from the interviews whether this was a change in program design or the implementation. A staff member said:

With families that were on the program earlier we were able to do all the home modifications that they needed. [one family has] come back to us to help move, relocate all the equipment. And of course, we're sort of really tied about what we can support and what we can't support. So it makes it very difficult for us as workers. First time in, "Yeah, we can do this and we can do that" and there was no barriers.

Staff noted that these restrictions were barriers to the scheme meeting its full potential. Staff also had difficulties administering the scheme through the ADHC information systems, particularly in the first year. While the program was being established, the budget was underspent, although that was no longer a problem once staff and families became familiar with the ways they could use the support.

The *Services Our Way* staff also commented on the higher quotes for modifications if the contractor knew that ADHC were involved, to the extent that staff were asking families to get quotes directly. One member of staff said:

At the end of the day, it's about the client. It's their money ... It's not our money, we're not paying ... if they get wind of us paying for someone – they put the price up.

Relationships with other services in Illawarra-Shoalhaven region

The extent of the links between *Services Our Way* and other services in the area varied. Participants voiced a strong and positive relationship with the Early Intervention Centre and *Services Our Way*. Often the participants indicated they had been referred to, or had heard about, *Services Our Way* through the Centre and this appears to be a relationship that works well.

Services Our Way, through purchasing of services and equipment and providing support to the participants, has developed links with a variety of services in the Illawarra-Shoalhaven region and further afield. They include Noah's Ark, Brighter

Futures, Interchange, the Disability Support Unit, Havenlee School, Scope and Footprint/Footsteps.

The extent of links between *Services Our Way* and other services in the Illawarra-Shoalhaven region is unclear from the interviews, for example, about formal referral pathways from and to other services. Without clear data on the number of Aboriginal people with disability in the Illawarra-Shoalhaven region, or the number of Aboriginal carers, it is difficult to determine whether *Services Our Way* is reaching the full range of Aboriginal people who would be eligible for *Services Our Way*.

Lastly, a structured community engagement strategy and full background data collection to identify potential clients in the area do not seem to have been fully articulated. The pathway to participating in the program appears ad hoc; people commented that they accessed the program via personal connections. In conducting this evaluation we were unable to determine unmet need due to the lack of background data for the target group. However, without a full strategy, we could assume that some people that need this service are missing out.

Reasons for using Services Our Way: Requirements of other service providers

The requirements of some other service providers made them unapproachable or unsuitable for some families. These restrictions include age limitations and purchasing of equipment from particular providers. Families also described problems of services failing to listen to their needs. For example, one family recounted the story of trying to purchase a particular wheelchair through another program and being coerced into a purchasing one that did not meet their needs. As this family said:

So I said you have to take it back. I want a manual base. So that's more wasted money. They just don't listen to what we find will be easier. Electric wheelchair, we can't visit family because if there's a step we can't get into the house. Where a manual one we can tip it up to get in.

Additionally, delays purchasing equipment and services meant that some participants sought individual support packages from *Services Our Way* to meet their needs in a timelier manner. Overcoming these factors appears to be some of the reasons people were referred to *Services Our Way*.

Age limitation was one of the key drivers for participants seeking individual support packages from *Services Our Way*. Most of the participants we interviewed were families where children and young people did not have services before *Services Our Way* because they were too old for some of the existing services. As one family said:

Like, all the other organisations, it's either you're too old or, 'We don't do this one or this and that' or it's just behavioural things.

In the past like Home Care and different organisations, to get help was really hard. He was just getting bigger and [we were] referred to *Services Our Way* where I spoke to ... They asked me what I needed and how it would help.

In some instances some service providers would only purchase equipment from particular locations or companies. As one participant said:

[They'll] find things on the net and stuff and say 'This looks like it might suit [him/her]. Is there any chance of trialling that or trialling this?' But they seem to stick with the same company all the time and they are very limited.

Delays accessing support through other providers was another driver. This includes taking too long to purchase necessary equipment needed by the person with disability and their families or carers. Time delays caused stress on the person with disability and the carer. There were also instances where the delay between requesting equipment and receiving the equipment was substantial. This delay meant that the equipment was no longer of use due to the person growing. As one participant said:

The great thing [about *Services Our Way*] was I had a budget, I could get things done as I needed them, not wait.

It appears as though *Services Our Way* staff have been able to overcome delays in their own system and to ensure the timely purchasing of services and equipment for participants in *Services Our Way*. This has brought relief to the people with disability and the families.

4.3.2 Accessing Services Our Way

From interviews with participants we found that there were multiple pathways to accessing *Services Our Way*. Participants in *Services Our Way* heard about the service in different ways, including:

- by talking with other families already engaged in the program
- through formal or informal services in the wider community
- via a direct referral from existing services they were using, and
- being approached by *Services Our Way* staff (after the services they were using contacted *Services Our Way* with the family's permission).

This program has directly increased the engagement of Aboriginal families with ADHC. Prior to the program, only three families were engaged with ADHC programs; this has increased to 50-60 families since the introduction of *Services Our Way*.

It appears that most participants heard about the service through talking with other families engaged in the program or through being directly approached by *Services Our Way* staff. Because of this approach it is difficult to tell if the availability of the program was equally distributed to the community and if everyone is reached. The multiple pathways to *Services Our Way* is both a strength and a weakness for the *Services Our Way* model.

Staff are at full capacity with the families already engaged with the program and the individual packages funding allocation is currently underspent. This suggests that more staff may be required to increase ADHC capacity to deliver the full funding package available.

4.3.3 Eligibility for Services Our Way

Anyone who is Aboriginal and has a disability is able to be referred to or is able to self-refer to the program. Engaging in the program was initially a simple process; and over time, this has become more complicated with additional paperwork to complete. Location is an eligibility problem for some people because a small area is part of the ACT. Staff said,

For services, you know, there's a bit of a grey area there. Accessing New South Wales services when they live in the ACT. And trying to get there and get the maintenance done and the modifications and everything.

The program is flexible and does include the small area which is part of the ACT. However, not all NSW services support this area.

4.3.4 Reaching, engaging with and respond to local needs: Participant knowledge and experiences of Services Our Way

Knowledge about how Services Our Way operates

Some families had no prior contact with ADHC or any other government services. Other families have been engaged in other services. Therefore families had different starting points in terms of their knowledge of support services. Prior to receiving a *Services Our Way* individual support package, many of the participants had not been in receipt of any social care services but may have had children in the education system.

Some families indicated they had been supported by the early intervention service, primarily speech therapy, from a local child care centre. This service stopped at a particular age – they then received no services until the child started at the local school for children with disability. They found themselves without services when their child reached the age of 7 years, and received no further specialist services until they accessed the senior school which met the needs of children with disability. *Services Our Way* resolved this type of problem.

Other participants had been accessing services and financial support from other service providers with differing degrees of success. There is an historical legacy of disability support service delivery which was based on being confined to the parameters of the funding guidelines, long timeframes, and needs defined in a limited manner.

People interviewed had mixed levels of knowledge on how *Services Our Way* operates. Some participants were clear on what their package was (what they had included in their plan and how much money was allocated to deliver the plan), and others had very limited knowledge about how *Services Our Way* operated. Because *Services Our Way* operates in a fundamentally different way to other services, most were unfamiliar with how to most benefit from the new approach. In order to understand how *Services Our Way* operates and what is on offer, people had to change their restricted expectations. As one participant said:

It wasn't until probably halfway or until the end that I realised what was going on and what was being offered.

Some families – especially those engaged in the program at a later date – indicated that it took them some time to realise the approach of *Services Our Way* was different to other services they had engaged with or heard about. As a result it took them some time to adjust to a way of thinking that allowed them and their family to determine what they needed rather than being told what they could have. Some families said they had just got round to thinking what would assist their family member to have a better quality of life, only to find their access to the individual support packages was finishing.

What do you need?: Services Our Way communication

Participants reported a noticeable difference between the way that *Services Our Way* and other service providers operated and interacted with them. Without *Services Our Way*, some service providers, for example, just provided large amounts of information in printed form and asked them to choose what they wanted out of the list of things on offer. Other providers appeared to insist on knowing what the needs of the clients were, but the families said they did not listen to what they actually wanted or needed. Participants expressed that some of the other service providers had not communicated properly. As one participant said:

When I first went to [them] they give me a thick booklet. You know, thick like that. And say, 'Here you are. You choose what you're wanting to do.' ... and I thought, 'I'm going to them because they're professionals, they should be able to tell me what [he/she] needs.'

This was in contrast to the approach taken by *Services Our Way*, where the families said the staff sit and listen to the needs of the families, and from these conversations (sometimes across several meetings) they were able to develop the plan that they would all agree upon. As one participant said:

Yes. They sit down and get an OT [occupational therapy] in. I'll say this is what I think I need. They'll say well, maybe not. Sometimes they're right. Then we compromise and just what happens. We work it out and come to what is best for [us].

Other participants indicated that the approach of *Services Our Way* staff was better because they did not tell people what they thought they should have, but rather listened to the needs of the clients. As one participant said:

It was good. They come in and said: What do you need? Not, 'This is what we're going to give you. This is what you can take.' There was none of that. It was come in, 'What do you need?'

Staff took time to see families at home and see what their needs were. One family said:

She started coming over and seeing whether the boys were home and seeing them take cups out and smash them ... She said, 'you need some plastic plates and cups' ... She went out and said, 'I can do that for you.' She come back home and she brought all this. I have gone, God, this is unreal. Plastic plates, cups, you know plastic, which is what we had to replace constantly.

Seeing the same face: continuity of staff

The continuity of staff in *Services Our Way* was a positive factor for the clients. As one person we interviewed said:

You know, they listened. And it's good. Like, some other organisations it's different people coming in and out. You know, you are telling your same story to different people. And it's just like, 'Oh my God, I don't want to be going over it.' If you're gonna come in with a different person. Read the god damn notes. And at least with that it was the same person. It was the same face over and over.

The families said *Services Our Way* provided more culturally appropriate services. Some families had left mainstream services when they were dissatisfied and found out about *Services Our Way* through the local community instead. One mother said,

[*Services Our Way*] was actually an Aboriginal organisation too which made me feel, yeah, I had only been in the mainstream down here and that didn't do it for me ... The whole difference was from those other two ladies in the beginning coming out from ADAHC.

The continuity of *Services Our Way* created a safe environment where participants felt empowered to articulate what they needed to support the person with disability in an appropriate way. Many of the families appreciated being respected as carers and that *Services Our Way* were able to provide services to carers to enable them to continue supporting their family member.

'It was comfortable': culturally appropriate service delivery

The program was strengthened through ensuring locally based employees who know and work with the local community. *Services Our Way* staff demonstrated how to engage with members of the Aboriginal community in government services using a culturally appropriate approach. This method could be shared with other staff and services, both government and non-government, to improve the appropriateness of service approaches to the priorities of the people with disability and their families.

Services Our Way has been successful at providing a culturally appropriate service to Aboriginal people with disability and their families. Participants said that through *Services Our Way* they felt comfortable and as though they were not being judged. As one participant said:

You know, having someone like [them], which is Aboriginal, and talking about, you know, the way we talk, sometimes we cut our sentences short. Say different words compared - not proper English. You know. So they still understand what we're saying. So it's good. We feel more comfortable.

Another participant also reflected this sentiment:

It was comfortable. I know then I wasn't going to be judged. I wasn't going to be looked at like ... they were looking at me. They were looking at me and my environment and everything.

The approach of employing Aboriginal people, supporting continuity of staff, and asking people what was needed rather than telling them what they could or should have was articulated by the participants and staff to have contributed to the success of the *Services Our Way* program. A family member said:

I was new to the whole autism thing. I was having trouble. The boys' diet was going crazy because of their sensory issues. We just moved down here. It was just - I had them come over. They have gone, 'you can do this, this and this.' That was pretty much it.

Some families said they came across the program through word of mouth within the Aboriginal community. This brought families to the program who might have otherwise not known that it existed, and provided help to families where a formal diagnosis had not been made.

Support from Services Our Way staff

The content of the support provided by *Services Our Way* staff has changed over the life of the program. In the early stages participants' knowledge of how the program operated was limited, and their understanding of what was possible through *Services Our Way* individualised support packages was influenced by past experiences with other service providers. Hence the early stages of the program staff had to provide a more intensive engagement with providing guidance to

participants on what kind of support they may need. As knowledge and understanding grew about the program, the content of the Person Centred Approach was able to change, with participants more confident to articulate their own needs.

Beyond this, *Services Our Way* staff also provided support to participants and their family through a quasi-case management and advocacy support role. For instance, participants received support from *Services Our Way* staff by booking appointments, filling out paperwork, helping obtain a diagnosis, visiting schools, and having a support person present in some meetings. The staff support to get a diagnosis was particularly relevant where children needed a diagnosis before turning eight years old to access support such as Brighter Futures.

Advocacy support in schools, for example, included ensuring that changes are implemented at school as well as at home, and what best supports a child through the education system. As one family member said:

It was a real difference. It gave me the support I needed ... just having that support and she knew things that I did want to bring up ... it was nice just to have that person there that does know me and my own boys and they are happy at home and the environment we have at home for them and everything.

The advocacy support contributed to participation of the *Services Our Way* students in school, and to assist the schools to understand how to support them. The additional support from *Services Our Way* staff meant that there was someone to advocate on behalf of the person with disability and their family. As one person indicated, 'the *Services Our Way* staff will go above and beyond what they are asked to do.' *Services Our Way* staff provide extra support to the participants and are making themselves available to the participants to talk through their concerns in the way that is most suited to them.

Supporting the families was beneficial to the families and life changing. They helped people to navigate the system and build capacity. The program design assumes that over time it will build the confidence of people with disability and families so that they can increase their capacity to engage with other services independently. Some families were already making that transition. Other families were still recovering from past negative experiences with services and with *Services Our Way* staff were building trust before it was appropriate to expect them to become more independent.

Participants felt empowered to stay in touch with the *Services Our Way* staff in ways that were culturally appropriate, by not placing restrictions on the contact. This raises questions about the capacity of the *Services Our Way* team to provide this level of service for all people receiving a *Services Our Way* now and in the future, and capacity building within other services. There is a need for a mix of ways to support Aboriginal people with disability and their family.

4.3.5 Capacity to expand

The *Services Our Way* program in Nowra was a pilot, which developed its approach, management and response to questions and local needs while it was being implemented. The program could be expanded in multiple ways.

- **The program could be expanded to more families in the existing area.** Referrals to the *Services Our Way* program have been predominantly word of mouth. The program could potentially engage with other families by building on the trust relationships in this method, and also continue to expand other strategies of engagement, such as information sessions, attending community events, developing allies in multiple communities and written information in multiple forms, including case stories.
- **The program could extend the services provided to existing families.** A goal of *Services Our Way* was to engage Aboriginal families with disability into mainstream services and build on their capacity to manage their support with a view to transitioning towards the NDIS. To date the program has met the immediate priorities of families in the program and could be extended in the future to meet their long-term needs.
- **The program could build the capacity of other services.** In particular, more work is needed by the program to build the capacity of other services to support families in culturally appropriate ways and to encourage families to approach services that offer this support. For example, some schools were more receptive than others to *Services Our Way*, and there were differing levels of understanding of disability, disability policy and legislation. The capacity of schools to engage with *Services Our Way* could be explored and could include discussion at both the schools and district levels. Additionally, there appear to be gaps in the provision of services of children, particularly children in out-of-home care.
- **The program could be expanded geographically.** The success of the program rested on the strong local knowledge and relationships of the staff. Some staff felt it was difficult talking to families who knew of the program but could not access it as it is not currently state-wide. Expansion of the approach would require supportive employment of local staff.
- **The culturally appropriate engagement could be extended to other services, both within the Department and beyond.** Aspects of the success of the program were at the personal and social network levels, which could be extended to other services. The personal level factors included developing trust relationships with the people in the program; identifying and acting on their priorities first; and responding in a timeframe specific to the person. The social network level factors included the prior relationships; the investment of time in

developing relationships; and finding and supporting advocates from the communities, families with disability and leaders who understood the needs of the families. Expanding this model beyond *Services Our Way* could include a broader discussion on 'cultural competency' and mechanisms to brand organisations who have met the cultural competency set down by their geographic area.

- **The types of services offered could be implemented by a third-party.** Implementation by other organisations other than ADHC could build on the strength of the approach if the organisation and staff had strong local knowledge and community relationships and strong links to ADHC staff and resources. Examples could include joint positions, secondments, and joint location. Opportunities exist, through the *NSW NDIS Transition Bill*, to have *Services Our Way* staff work with AbilityLinks and other programs and organisations established to provide support to people with disability in the transition to the NDIS.

If the program is expanded, the aims of the program must be clearly articulated and the operational structures identified, resourced and addressed.

5 Implications for culturally appropriate services

Services Our Way has successfully delivered timely services in a culturally appropriate way to Aboriginal people with disability and their families and carers in the Nowra area. The effectiveness of *Services Our Way* relies on clear working relationships within ADHC and with other service providers in the area. The findings have implications for how to contribute to improvements in the program. *Services Our Way* has been able to recruit participants and make real changes to their lives and their families' lives. *Services Our Way* can build on its success by introducing strategies that seek to actively engage with the community and service providers and disseminate information in Nowra and the Illawarra-Shoalhaven area; providing information about services to participants that seeks to actively build their capacity; and changing the model of purchasing services that also seeks to build the participants capacity.

5.1 Capacity to expand the program

5.1.1 Accessing Services Our Way

Participants of *Services Our Way* can enter the service after hearing about it from many ways. This multiple approach encourages broad reach. It risks excluding some families if they are not in contact with other people or services in the community. Risks are that:

- the process for recruitment into the program is not clear, and
- some potential candidates could be missing out on receiving the *Services Our Way* individual support packages.

Suggestion 1: *Services Our Way could establish and implement a communication and engagement strategy to inform Aboriginal and Torres Strait Islander people with disability and their family, and service providers in the Illawarra-Shoalhaven region about Services Our Way.*

Note: The ADHC team may not have capacity to include an unlimited number of families and any communication about the program needs to consider this risk.

Suggestion 2: *The experience of Services Our Way staff could be used to build the capacity of ADHC and other FACS delivered and mainstream services to provide their services in a culturally appropriate, responsive and accessible way.*

5.2 Capacity to self-manage and transition into mainstream services

Services Our Way could further improve its services in four ways to ensure that the objective of 'capacity to self-manage' is met.

5.2.1 Knowledge about Services Our Way

Knowledge about how *Services Our Way* operates is mixed. Sharing information about how *Services Our Way* operates could improve participants' awareness of the opportunities available to them and increase effective use of the individual support package.

Suggestion 3: *Staff could explore other ways to inform participants about how Services Our Way operates. This could include an educational path for participants to understand why they are receiving the package, and specifically develop the participants understanding of individual package arrangements.*

Family and group discussions could help to build a support network for Aboriginal people with disability and their carers to share experiences, stories, ideas and successes. The same information could be revisited in the drafting of the Person Centred Plan.

5.2.2 Transition out of Services Our Way

Not all research participants were able to indicate if they were still using *Services Our Way*.

This suggests that the method used to provide information to participants could be revisited to suit the needs of the participants. All of those in the programs lead busy lives, and keeping track of one service program out of many is an additional factor for the participants.

Suggestion 4: *Staff could review the methods for distributing information to participants about the start and finish dates of the program so that they are aware of planning for transition.*

This suggestion could be implemented in conjunction with the suggested communication and engagement strategy (Suggestion 1). This could include the possibility of presenting important information in the plan through:

- a wall/fridge calendar with important dates listed on it, and/or.
- the use of an existing phone application which can be used to provide reminders of important dates.

Suggestion 5: *Services Our Way management could allocate adequate staffing to assist participants to recognise and plan for their transition phase, including referrals and personal introductions for case management for community support, for ADHC eligible clients and to other services, in the Illawarra-Shoalhaven region.*

This could be supported by the re-introduction of the *Services Our Way* support group (Yarn Up Group), or through the introduction of a specific person to undertake this role (e.g. a project manager, or ‘personalised enabler’).

Capacity to self-manage

Suggestion 6: *Services Our Way management could modify the model to purchase services and equipment to one that encourages the capacity to self-manage, with support for financial management and navigating the disability sector.*

This could include the exploring the use of ‘direct payment agreements’ as one possible model for purchasing services and equipment. It could also include the possibility of extending the time-frame of person-centred plans to allow more time for participants to understand the nature of *Services Our Way*, how it operates, and how purchasing is done.

References

- ADHC (2012) *Services Our Way: Delivering to Aboriginal people with a disability. A NSW packaged Support Program Guidelines*. Ageing, Disability and Home Care (ADHC), NSW Department of Family and Community Services, Sydney.
- ADHC (2011a) *The Aboriginal Cultural Inclusion Framework 2011-2015*, http://www.adhc.nsw.gov.au/_data/assets/file/0005/239837/Aboriginal_Cultural_Inclusion_Framework_2011-2015.pdf
- ADHC (2011b), *Stronger Together: A new direction for disability services in NSW. The second phase (2011-2016)*. A sustainable approach to meeting increasing demand, Ageing, Disability and Home Care (ADHC), NSW Department of Family and Community Services, Sydney.
- ADHC (2006), *Stronger Together: A new direction for disability services in NSW 2006-2016*, Ageing, Disability and Home Care (ADHC), NSW Department of Family and Community Services, Sydney.
- ADHC (2005a), *Aboriginal Consultation Strategy*, Ageing, Disability and Home Care (ADHC), NSW Department of Family and Community Services, Sydney.
- ADHC (2005b), *Aboriginal Policy Framework*, Ageing, Disability and Home Care (ADHC), NSW Department of Family and Community Services, Sydney.
- Australian Bureau of Statistics (ABS 2011a) *Census Dictionary, 2011*, Catalogue number, 2901.0, ABS, Canberra.
- Australian Bureau of Statistics (ABS 2011b) *Information paper, Disability, Ageing and Carers, Australia: User Guide*, Catalogue number, 4431.0.55.001, ABS, Canberra.
- Australian Bureau of Statistics (ABS 2013a) *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011* Catalogue number, 3238.0.55.001, ABS, Canberra.
- Australian Bureau of Statistics (ABS 2013a) *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011* Catalogue number, 3238.0.55.001, ABS, Canberra.
- Australian Bureau of Statistics (ABS 2013b) *Estimates of Aboriginal and Torres Strait Islander Australians, June 2011* Catalogue number, 3238.0.55.001, Table 1 ABS, Canberra.
- Australian Government (2002). *Style Manual for Authors, Editors and Printers*, 6th edition. Commonwealth of Australia.
- Australian Journal of Social Issues (2011). Guidelines for the use of qualitative research material. *Australian Journal of Social Issues*, June 2011, available at http://mc.manuscriptcentral.com/societyimages/ajsi/AJSI_Guidelines-for-use-of-qualitative-research-material.pdf.
- Baxter, K., Wilberforce, M., & Glendinning, C. (2011). Personal Budgets and the Workforce Implications for Social Care Providers: Expectations and Early Experiences. *Social Policy and Society*, 10(01), 55-65.
- COAG (2011), *2010-2020 National Disability Strategy*. An initiative of the Council of Australian Governments, Commonwealth of Australia, Canberra.

- Commonwealth of Australia (2005) *Overcoming Indigenous Disadvantage Key Indicators 2005 Report*. Commonwealth Steering Committee for the Review of Government Service Provision
- Department of Family and Community Services (FaCS) (2013) *Aboriginal People: Access to disability services in NSW 2011-2012*. Ageing, Disability and Home Care, Department of Family and Community Services, Sydney.
- First People's Disability Network Australia (2014) *Ten-point plan for the implementation of the NDIS in Aboriginal communities*. Accessed at <http://fpdn.org.au/10-point-plan-ndis>
- Glendinning, C., Challis, D., Fernandez, J. L., Jacobs, S., Jones, K., Knapp, M., Manthorpe, J., Moran, N., Netten, A., Stevens, M., & Wilberforce, M. (2008). *Evaluation of the Individual Budgets Pilot Programme: Final Report*. York: Social Policy Research Unit, University of York.
- Hutchison, P., Lord, J., & Salisbury, B. (2006). North American approaches to individualised planning and direct funding. In J. Leece & J. Bornat (Eds.) (2006). *Developments in Direct Payments* (pp. 49-62). Bristol: The Policy Press, University of Bristol.
- Leece, J. (2010). Paying the piper and calling the tune: power and the direct payment relationship. *British Journal of Social Work*, 40(1), 188-206.
- Mahoney, K. J., Wieler Fishman, N., Doty, P., & Squillace, M. R. (2007). The Future of Cash and Counseling: The Framers' View. *Health Services Research*, 42(1 pt 2), 550-66.
- NSW Ombudsman (2010), *Improving service delivery to Aboriginal people with a disability: A review of the implementation of ADHC's Aboriginal Policy Framework and Aboriginal Consultation Strategy*, September 2010.
- SPRC (2011). *Recommendation paper on Disability Information Accessibility*. Sydney: Social Policy Research Centre, The University of New South Wales.
- Stainton, T., & Boyce, S. (2004). I have got my life back - users' experience of direct payments. *Disability & Society*, 19(5), 443-54.
- Stainton, T. (2002). Taking Rights Structurally: Disability, Rights and Social Worker Responses to Direct Payments. *British Journal of Social Work*, 32(6), 751-763.
- Stevens, M., Glendinning, C., Jacobs, S., Moran, N., Challis, D., Manthorpe, J., Fernandez, J., Jones, K., Knapp, M., Netten, A., & Wilberforce, M. (2011). Assessing the Role of Increasing Choice in English Social Care Services. *Journal of Social Policy*, 40(2), 257-74.
- UNSW (2012a). *UNSW Branding Requirements*. UNSW, August 2012, available at https://my.unsw.edu.au/unsw_secure/staff_secure/brandpdfs/UNSWBrandingRequirements.pdf.
- UNSW (2012b). *UNSW writing style guide*. UNSW, September 2012, available at https://my.unsw.edu.au/unsw_secure/staff_secure/brandpdfs/StyleGuide.pdf.

Appendix 1: Evaluation framework

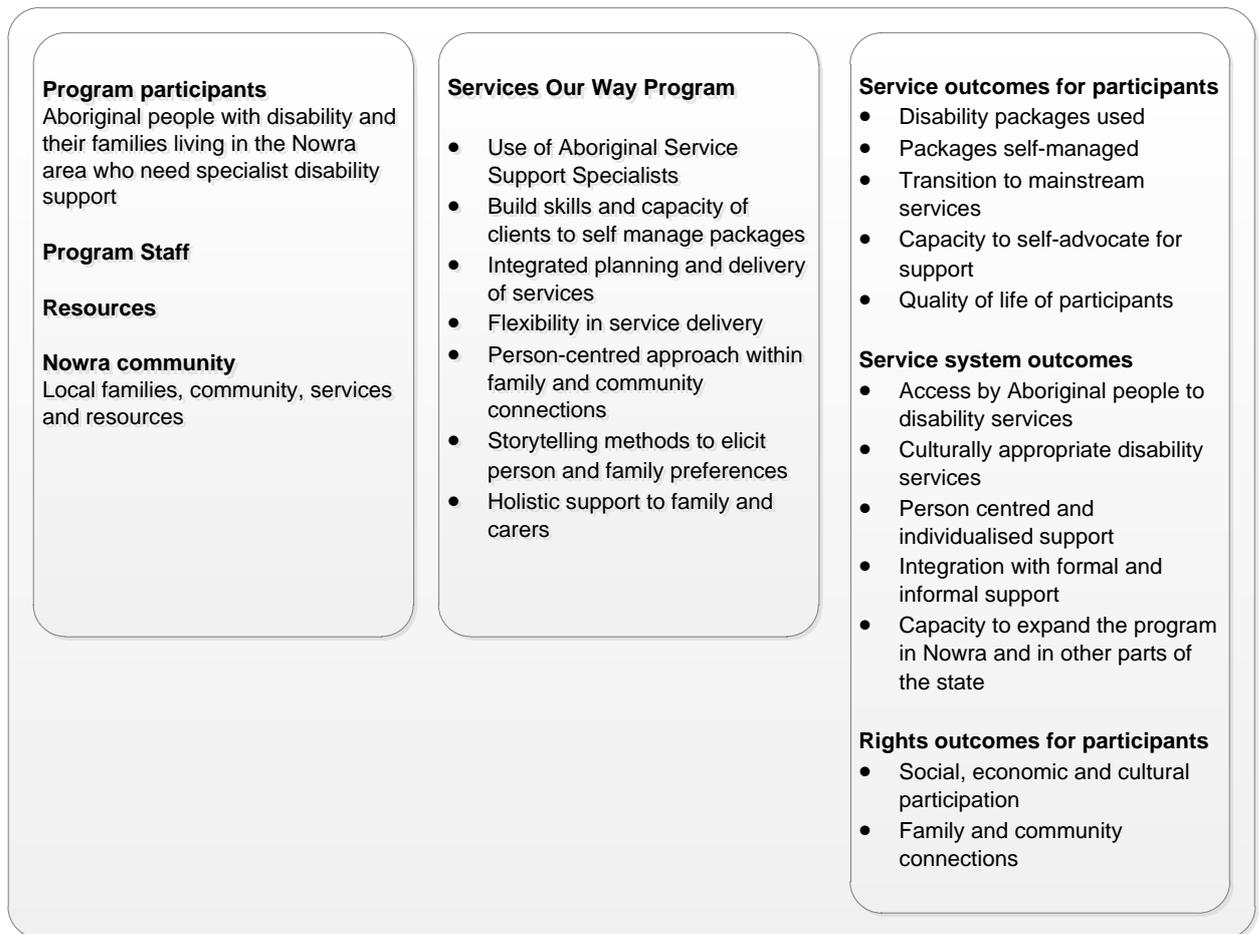
The *Services Our Way* program is designed to meet the service delivery needs of Aboriginal people and their families through culturally appropriate, person-centred and individualised support. The evaluation addresses the following objectives:

- Analyse impacts on quality of life for Aboriginal people with disability and their families
- Analyse the capacity to expand the program
- Analyse whether there is evidence of program recipients building capacity to self-manage and transition to other disability services
- Gather qualitative and quantitative data, and
- Use storytelling to capture people's experiences.

The research evaluates the degree to which it has achieved the first three objectives. The last two objectives are used to guide the methods to meet the first three objectives. That is, the evaluation gathers qualitative and quantitative data, and uses storytelling to capture people's program experiences. This is done through interviewing participants in two waves, and analysing information from ADHC staff (interviews, workshops and program data), community organisations, and other stakeholders to reduce participant burden.

The evaluation informs ADHC about the capacity to expand the program in the area, and whether any adjustments should be made to the program. Considering the outcomes for participants and the system prioritises insights about the participants' quality of life, the capacity of participants to self-manage and transition to other services, and the capacity to expand the program. The program logic builds from these outcomes (Figure 3).

Figure 3: Program logic for *Services Our Way* (Nowra) evaluation



The evaluation takes a multi-method approach, combining program data, workshops with ADHC staff and other stakeholders, and interviews with *Services Our Way* participants. The evaluation also involves capacity building of ADHC staff in disability and Indigenous research methods, and evaluation methods for program improvement in the future as part of service delivery. The evaluation approach was established in consultation with the Advisory Group for *Services Our Way* and June Riemer, Deputy Director, Aboriginal Disability Network NSW (ADN NSW).

Evaluation questions

On the basis of the objectives, and the program logic (detailed in Section 2.1 above), the following evaluation questions are used to guide the evaluation design and analysis:

1. What impacts has *Services Our Way* had on the quality of life of those Aboriginal people with disability and their family who have accessed the program?

- a) How and to what extent has *Services Our Way* changed the rights outcomes for Aboriginal people with disability and their families (especially their social, economic and cultural participation; family and community connections)?
2. What capacity does *Services Our Way* have to expand?
 - a) What have been the facilitators and barriers to outcomes for participants, service outcomes and service system change?
 - b) How and to what extent has *Services Our Way* been implemented as planned and/or been adapted and responsive to needs and preferences of *Services Our Way* participants?
 - c) How and to what extent does *Services Our Way* reach, engage with and respond to the needs of local Aboriginal people with disability and their families, such as variation by age, location, household and support needs? What were the facilitators and barriers to accessing the *Services Our Way* program?
3. What capacity have program participants gained to self-manage and transition to other disability services:
 - a) How and to what extent has *Services Our Way* changed service outcomes for Aboriginal people with disability and families (disability packages used; transition to mainstream services; capacity to self-advocate for support)?
 - b) How and to what extent has *Services Our Way* changed service system outcomes (access to disability services, culturally appropriate disability services; person centred and individualised support; integration with formal and informal support)?

These questions guide the evaluation design and analysis, and were directly used as the interview questions. The method for the evaluation is outlined below.

Phases of the evaluation

SPRC worked closely with ADHC to refine the objectives, questions and research methodology for the evaluation. A strategy was developed for collecting program data for the evaluation and to gather information from other stakeholders such as service providers to minimise respondent burden and to maximise the natural opportunities available for data collection through the *Services Our Way* program. The Project Plan was finalised in agreement with ADHC and the Advisory Group.

The design of this evaluation included input from June Riemer (ADN NSW) to ensure that the approach is culturally appropriate. Research instruments, such as guides for interviews, were drafted in consultation with ADHC staff, the project Advisory Group and other key stakeholders.

Phase I: Design

Phase I, the design phase of the project, consisted of:

- A literature review
- Refining the project plan and evaluation questions with ADHC and the Advisory Group
- Learning more about the *Services Our Way* program (program documentation and workshop with staff)
- Drafting evaluation instruments (e.g. topic guides for interviews)
- Application for research ethics approval

Literature review

The literature review builds on the review already carried out by ADHC in the development of the program. During the evaluation we are continuing to review academic literature about current programs and national and international conceptualisation and practice relating to evaluation of the policy and service context of *Services Our Way*.

Refining the project plan

The project plan was refined and agreed between SPRC, ADHC and the Advisory Group:

- SPRC, ADHC and the Advisory Group met and discussed the proposed research plan and verified:
 - the draft project plan, including the evaluation questions
 - key milestones, and
 - identified any potential risks to the project.
- SPRC sought feedback from June Riemer (ADN NSW).

ADHC provided final approval of the project plan prior to submission to the human research ethics committees.

Learning about the *Services Our Way* program

To learn about the *Services Our Way* program, and how families and individuals engaged with and participated in the program, SPRC:

- reviewed program documentation provided by ADHC, and
- talked to staff to discuss how the program works in practice – this also identified opportunities for capacity building.

This interim report builds on the experience and expertise of local staff responsible for implementing the *Services Our Way* program and contributes to their capacity for program improvement.

Drafting evaluation instruments and data requirements

Evaluation instruments and data requirements were drafted based on the information gathered from the Advisory group, the review of program documentation, and discussions with key staff. The evaluation instruments and data requirements included:

- themes and questions for interviews, and
- program data requirements (e.g. who uses the program, their characteristics, what services they use, their outcomes).

SPRC worked closely with ADHC and the Advisory Group members to draft the evaluation instruments and data requirements.

Applying for ethics approval

SPRC gained ethics approval from the Aboriginal Health and Medical Research Council of New South Wales (AH&MRC), which is registered with the National Health and Medical Research Council (NHMRC). The ethics application was submitted in consultation with ADHC and local Aboriginal Community Organisations (Ethics approval reference 947/13). SPRC included all the evaluation instruments in the application.

Phase II: Fieldwork and analysis of program data

Phase II of the project includes:

- Fieldwork interviews, gathering stories and case studies

- Review of program data
- Analysis and reporting against the evaluation questions.

Fieldwork interviews, gathering stories and case studies

Fieldwork interviews, including gathering stories and case studies were conducted on receipt of ethics approval. The evaluation includes two waves of interviews, the first of which has been completed:

Wave One

Wave one included:

- Interviews with families
- Interviews with ADHC staff, including the manager of the Nowra team responsible for the program.

Wave Two

Wave two will include:

- Follow up interviews with families who were interviewed in Wave One
- Workshops or interviews with other key stakeholders, e.g. community services and organisations, and other relevant ADHC staff
- Workshop with ADHC staff to discuss findings.

To provide a larger sample, ADHC staff have provided additional case studies for the analysis.

Review of program data

Program data was reviewed, analysed and evaluated against the evaluation questions. Additional program data was provided by ADHC and includes information on: who uses the program; their characteristics and needs; what services they use; their goals, achievements and other outcomes; and costs.

Each of these components is discussed in further detail in the methodology section of this report (Section 0).

Analysis and Reporting

This interim report was prepared after the first wave of interviews (Wave One) and was submitted to ADHC and the Advisory Group for comment and feedback. This report includes:

- methodology used (discussion of indigenous research methods and analysis)
- consultation schedule
- findings from first wave of interviews, and
- discussion of implications of the findings for the evaluation and program.

At the completion of Phase II, a draft final report will be submitted to ADHC for comment and feedback. The report will include:

- an executive summary
- the implications for improved service delivery of *Services Our Way's* family intensive support packages across New South Wales
- methodology (including discussion of indigenous research methods and analysis), and
- the findings from all data collected throughout the project (including presentation of case studies).

Plain English copies will be made available to the public and people who took part in the evaluation.

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